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APPLICANTS

Michael D. Flasz, Schaumburg, IL;  
 Stanislaw Bleszynski, Lakefield, CANADA;

\*\* CONTINUING DATA \*\*\*\*\* OK HE 8/2/05  
 This appln claims benefit of 60/414,847 09/30/2002  
 and claims benefit of 60/467,853 05/05/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None HE 8/2/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 12/29/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>HE</i>	STATE OR COUNTRY IL	SHEETS DRAWING 5	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 4
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ADDRESS  
 32116  
 WOOD, PHILLIPS, KATZ, CLARK & MORTIMER  
 500 W. MADISON STREET  
 SUITE 3800  
 CHICAGO , IL  
 60661

TITLE  
 Process control instrument intrinsic safety barrier

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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